DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: LAKE TERRACE WEST (0008841) Address: 6771 S 68TH ST, FRANKLIN, WI 53132

License Status: REGULAR

Licensed/Certified/Registered 05/01/2000

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey	History

Survey ID: 0094749 End Date: 04/21/2005 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092952 End Date: 06/21/2004 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009009 Served 07/23/2004

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Veri fied</u>	Corrected
83.32(1)(a)	ASSESSMENT AND ISP	04/19/2005	Yes
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS	04/19/2005	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/19/2005	Yes

Survey ID: 0092311 End Date: 03/21/2004 Type: OTHER Purpose: COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 07/22/2004

SOD #10009009

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.32(1)(a)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History

Date Complaint Received: 08/30/2004 Date Investigation Completed: 04/21/2005

Subject Area(s) Result SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE SUBSTANTIATED NOT RECORDED

Date Complaint Received: 01/12/2004 Date Investigation Completed: 03/22/2004

Subject Area(s) Result SOD #

PHYSICAL PLANTS & SAFETY HAZARDS NOT SUBSTANTIATED NUTRITION & FOOD SERVICES NOT SUBSTANTIATED STAFF TRAINING AND PROFICIENCY NOT SUBSTANTIATED STAFF ADEQUACY NOT SUBSTANTIATED PROGRAM SERVICES NOT SUBSTANTIATED

Date Complaint Received: 01/02/2004 Date Investigation Completed: 03/18/2004

Subject Area(s) Result SOD #

RESIDENT RIGHTS NOT SUBSTANTIATED HOMELIKE ENVIRONMENT & CLEANLINESS NOT SUBSTANTIATED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.